



Youth Ex-officio Boards & Commissions Member Application

Applicant Name: _____

Date of Birth: _____

School: _____

Cell Phone: _____ Home Phone: _____

E-mail Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Grade Level for the **current** School Year: Freshman Sophomore Junior Senior

Do you currently reside/live within the Oshkosh city limits? Yes No

(Please note: some Oshkosh addresses are outside of the city limits)

Desired Term:

Spring Semester

One year

Fall Semester

Other

School Year

Board and Commission meetings are generally held in the late afternoon / early evening.

Would you be able to regularly attend meetings with minimal conflicts? Yes No

Board meeting locations and times:

<https://www.ci.oshkosh.wi.us/BoardsAndCommissions/Documents/MeetingDaysLocationsTimes.pdf>

Parent/Legal Guardian Name: _____

Cell Phone: _____ Home Phone: _____

E-mail Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Youth Ex-officio Member Application

For questions regarding completion of this application, contact the City Manager's office at 920.236.5002

Extracurricular Activities: List any extracurricular and/or volunteer activities that you are involved in (both in and out of school): _____

Employment: Please list any past or current employment:
Employer: _____
Dates of Employment: _____
Location: _____
Duties: _____

Please respond thoroughly to the following questions. Responses may be provided on additional pages, if needed.

What Board/Commission would you be interested in joining?

- | | |
|--|---|
| <input type="checkbox"/> Advisory Park Board | <input type="checkbox"/> Long Range Finance Committee |
| <input type="checkbox"/> Bicycle & Pedestrian Advisory | <input type="checkbox"/> Museum Board |
| <input type="checkbox"/> BID Board | <input type="checkbox"/> Plan Commission |
| <input type="checkbox"/> Board of Appeals | <input type="checkbox"/> Public Arts & Beautification Committee |
| <input type="checkbox"/> Board of Review | <input type="checkbox"/> Redevelopment Authority |
| <input type="checkbox"/> Equal Opportunity in Housing | <input type="checkbox"/> Rental Housing |
| <input type="checkbox"/> Committee on Aging | <input type="checkbox"/> Storm Water |
| <input type="checkbox"/> Extraterritorial Zoning | <input type="checkbox"/> Sustainability Advisory Board |
| <input type="checkbox"/> Housing Authority Board | <input type="checkbox"/> Traffic & Parking Review Board |
| <input type="checkbox"/> Landmarks Commission | <input type="checkbox"/> Transit Advisory Board |

Why are you interested in the above Board/Commission? _____

Why are you interested in serving as an ex-officio member of the City Boards or Commissions?

How would you use this experience on a Board/Commission later in life?

Print this form, acquire the necessary signatures, and mail (or drop off) complete application to:

**Lori Palmeri, Mayor, City of Oshkosh
City Hall
215 Church Street
Oshkosh WI 54903**

RECOMMENDATIONS

Include two (2) endorsements from adults you have worked with in school or non-school activities (e.g. teacher, counselor, coach, supervisor, etc.).

- 1. _____
- 2. _____

STUDENT COMMITMENT:

I understand the purpose of serving as an ex-officio member of a City of Oshkosh Board / Commission and, if I am selected, I will devote the time and resources necessary to serve. I understand that my involvement with the City may include possessing public records, which I agree to keep until I am told that I may dispose of them. Regular attendance at meetings is expected. If I cannot attend for any reason, I will notify the appropriate City staff or

Youth Ex-officio Member Application

For questions regarding completion of this application, contact the City Manager's office at 920.236.5002

board/commission chairperson. If I can no longer meet these expectations, I will be expected to resign from my assignment or maybe asked to step down. I understand the above commitments and agree to be bound by them in signing this application.

I hereby certify that I am a City of Oshkosh resident and a high school student during the next school year and that all information contained in this document is true and accurate to the best of my knowledge.

Student Signature _____
Date

PARENT/GUARDIAN COMMITMENT, PERMISSION, AND RELEASE:

I am the parent and/or guardian of the student applicant. I give my permission to the student applicant to participate in an ex- officio position on a City of Oshkosh board or commission. I understand that if selected to participate in the program, there may be photographs or video taken of the student at public meetings and at public events. I understand that once photographs or videos are taken at these events, they become public records and cannot be removed. The City may use these photographs and/or video for public purposes at the City’s discretion. I am aware of the time commitments and will assist the student in transportation to and from meetings.

Parent/Legal Guardian _____
Date

RELEASE

In consideration for participation in the ex officio board & commission program, and for granting permission for participation in this program, I/we hereby release and hold harmless the City of Oshkosh and its employees, council, boards/commissions from and against any injury, loss, damage, accident or expense arising out of or in any way related to participation as an ex-officio member.

I/we am voluntarily signing this and understand that if I did not sign it, the options for participation may be limited or eliminated. I/we acknowledge that we have carefully read this release and understand its impact and effect. We acknowledge that if we had any questions regarding this release that I/we have exercised our right to have it reviewed and further explained to us prior to our signing.

Parent/Legal Guardian _____
Date

Parent/Legal Guardian _____
Date

Student if 18 years or older _____
Date